MENTAL HEALTH BILLING/VERIFICATION (B/V) FORM

STATE BOARD OF CONTROL VICTIMS OF CRIME PROGRAM BC-VOC-0101 (REV. 6/00)

	FOR BOARD USE ONLY
VOC CLAIM NUMBER	

DATES OF SERVICE		RIPTION OF S JAL, GROUP,	SERVICE FAMILY,	OTHER)	PROCEDURE CODE	SESSION LENGTH	BILLED AMOUNT	PATIENT'S INITIALS	
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	□ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
		☐ GRP	☐ FAM	☐ OTHER					
	□ IND	☐ GRP	☐ FAM	☐ OTHER					
	□ IND	□ GRP	☐ FAM	☐ OTHER					